

ESPRIT ORCHESTRA

Give the Gift of Music this Holiday Season!

Our gift to you this holiday season is our Holiday Mini Subscription, two concerts, two times the enjoyment of the Esprit Experience, at a 10% discount off the price of a single ticket. The perfect gift for that special person this holiday season!



the world's turning, January 29th 2015



The Last Paradise, March 29th 2015

| Senior 65+ \$108 \$90 \$72 Under 30 \$54 \$45 \$36 Subscription Order Form # of Subscriptions Price Subtotal Adult Regular Senior 65+ Under 30 Subscriptions Price Subtotal Adult Regular Senior 65+ Under 30 Subscription Information First Name Last Name Mailing Address City Postal Code Phone (Alternate) Email Method of Payment Visa | \$117 \$99 \$81 65+ \$108 \$90 \$72 30 \$54 \$45 \$36 cription Order Form # of Subscriptions Price Subtotal Regular 65+ 30 Price Subtotal Cription Information Name Last Name 9 Address Postal Code 6 (Home) Phone (alternate) Phone (alternate) Pod of Payment Mastercard Amex CCV | | orld's turning January | A 29 | 2013 W | B Last Para | alse Ma | C 29" 2015 |
|--|---|---|------------------------|------------|----------|--|---------|-------------|
| Senior 65+ \$108 \$90 \$72 Under 30 \$54 \$45 \$36 Subscription Order Form # of Subscriptions Price Subtotal Adult Regular Senior 65+ Under 30 Subscription Information First Name Last Name Mailing Address City Postal Code Phone (Home) Phone (alternate) Email Method of Payment Visa | \$108 \$90 \$72 30 \$54 \$45 \$36 Cription Order Form # of Subscriptions Price Subtotal Regular 65+ 30 | Adult | | | | | | |
| Subscription Order Form # of Subscriptions Price Subtotal Adult Regular Senior 65+ Under 30 Subscription Information First Name Last Name Mailing Address City Postal Code Phone (Home) Phone (alternate) Email Method of Payment Visa Mastercard Amex CCV Card Number Expiry Date Signature Method of Delivery Send tickets to the mailing address provided Box office pick-up (with valid photo identification) Submitting this form Box Office Hours | \$54 \$45 \$36 Cription Order Form # of Subscriptions Price Subtotal Regular 65+ 30 Cription Information Last Name 9 Address Postal Code (Home) Phone (alternate) Od of Payment Expiry Date CCV Interesting Postal Number Expiry Date Cure Interesting Interestin | | | | | | | |
| Subscription Order Form # of Subscriptions Price Subtotal Adult Regular Senior 65+ Under 30 Subscription Information First Name Last Name Mailing Address City Postal Code Phone (alternate) Email Method of Payment Expiry Date Signature Mastercard Amex CCV Card Number Expiry Date Signature CCV Subscription Information Method of Polivery Postal Code Phone (alternate) Email CCV Expiry Date Signature Signature Method of Delivery Send tickets to the mailing address provided Box office pick-up (with valid photo identification) Submitting this form Box Office Hours | # of Subscriptions Price Subtotal Regular 65+ 7 | | | | | | | |
| # of Subscriptions Price Subtotal Adult Regular Senior 65+ Under 30 Subscription Information First Name Last Name Mailing Address City Postal Code Phone (Home) Phone (alternate) Email Method of Payment Expiry Date Signature Method of Delivery Send tickets to the mailing address provided Box office pick-up (with valid photo identification) Submitting this form Box Office Hours | # of Subscriptions Price Subtotal Regular 65+ 30 | | | 434 | | φ+3 | | |
| Adult Regular Senior 65+ Under 30 Subscription Information First Name Mailing Address City Postal Code Phone (Home) Email Method of Payment Visa Mastercard Amex CCV Card Number Signature Method of Delivery Send tickets to the mailing address provided Box office pick-up (with valid photo identification) Submitting this form Box Office Hours | Regular r 65+ 30 Cription Information Name Last Name GAddress Postal Code Phone (alternate) Dod of Payment Mastercard Amex CCV Number Expiry Date CCV Number Expiry Date CCV Sture Dod of Delivery CCV | Subscription Orde | | | | | Т. | |
| Senior 65+ Under 30 Subscription Information First Name Mailing Address City Phone (Home) Phone (alternate) Email Method of Payment Visa Mastercard Amex Expiry Date Signature Method of Delivery Send tickets to the mailing address provided Box office pick-up (with valid photo identification) Submitting this form Box Office Hours | r 65+ 30 Cription Information Name Q Address Postal Code Phone (alternate) Dod of Payment Mastercard Mastercard Expiry Date CCV Number Last Name Postal Code Phone (alternate) CCV Number Expiry Date CCV Number Last Name Box Office Hours Fixed the mailing address provided CCV Number Box Office Hours Fixed the mailing address Fixed the mailing address CCV Number Last Name Postal Code Phone (alternate) CCV Number Expiry Date CCV Number Box Office Hours Fixed the mailing address CCV Number Last Name Postal Code Phone (alternate) CCV Number Expiry Date CCV Number Last Name Amex CCV Number Expiry Date CCV Number Amex CCV Number Last Name Amex CCV Number Satirday Amex Last Name Amex CCV Number CCV Number Amex CCV Number Satirday Amex Last Name Amex CCV Number CCV Number Amex | A.L.I. D | # of Subscription | ns | Price | OTHER DESIGNATION CANNOT AND ADDRESS AND A | Subto | otal |
| Subscription Information First Name | Cription Information Name Last Name Last Name | | | | - | | - | |
| Subscription Information First Name | Cription Information Name Last Name Gaddress Postal Code | | | | - | | - | |
| First Name Mailing Address City Postal Code Phone (Home) Phone (alternate) Email Method of Payment Visa Mastercard Expiry Date Signature Method of Delivery Send tickets to the mailing address provided Box office pick-up (with valid photo identification) Submitting this form Box Office Hours | Last Name Gaddress Postal Code Phone (alternate) | *************************************** | rmation | | | | | |
| Mailing Address City | Postal Code (Home) Phone (alternate) Phone (alternate) Phone (alternate) Phone (alternate) Phone (alternate) Phone (alternate) CCV Number Expiry Date Proceedings of Delivery tickets to the mailing address provided Expiry Date Box Office Hours Figure Box Office Hours Figure Box Office drop-off Figure Amex CCV Number Expiry Date Expiry Date Box Office Hours Figure Figure Box Office Hours | | | | NI | | | |
| City Phone (Home) Phone (alternate) Email Method of Payment Visa Mastercard Amex CCCV Card Number Expiry Date Signature Method of Delivery Send tickets to the mailing address provided Box office pick-up (with valid photo identification) Submitting this form Box Office Hours | Postal Code Phone (alternate) od of Payment Mastercard | | | | .ast Nar | ne | | |
| Phone (Home) Email Method of Payment Visa | Phone (alternate) Phone (alternate) Od of Payment Mastercard Amex CCCV Number Expiry Date Od of Delivery tickets to the mailing address provided Office pick-up (with valid photo identification) Itting this form Box Office Hours The Box Office drop-off Saturday 12pm-6pm Saturday 12pm-6pm Saturday 12pm-6pm Saturday 2 Hours prior | | | TP | Postal C | ode | | |
| Method of Payment Visa | Mastercard Amex CCCV Number Expiry Date Od of Delivery tickets to the mailing address provided ffice pick-up (with valid photo identification) itting this form Box Office Hours r Box Office drop-off //eston Family Box Office (RCM), Saturday 12pm-6pm Sunday(Molidays 2 Hours prior | | | | | | | |
| Visa | Mastercard Amex CCCV Number Expiry Date Od of Delivery tickets to the mailing address provided ffice pick-up (with valid photo identification) itting this form Box Office Hours r Box Office drop-off //eston Family Box Office (RCM), Saturday 12pm-6pm Sunday(Molidays 2 Hours prior | Email | | | | | | |
| Card Number Expiry Date Signature Method of Delivery Send tickets to the mailing address provided Box office pick-up (with valid photo identification) Submitting this form Box Office Hours | Number Expiry Date and of Delivery tickets to the mailing address provided ffice pick-up (with valid photo identification) itting this form Box Office Hours r Box Office drop-off //eston Family Box Office (RCM), Saturday 12pm-6pm Saturday 12pm-6pm Saturday 2 Hours prior | Method of Payme | ent | | | | 2 | |
| Card Number Expiry Date Signature Method of Delivery Send tickets to the mailing address provided Box office pick-up (with valid photo identification) Submitting this form Box Office Hours | Number Expiry Date od of Delivery tickets to the mailing address provided ffice pick-up (with valid photo identification) itting this form Box Office Hours r Box Office drop-off Monday-Friday 10am-6pm /eston Family Box Office (RCM), Saturday 12pm-6pm | /isa Mastercard | | | | Amex | | CCV |
| Method of Delivery Send tickets to the mailing address provided Box office pick-up (with valid photo identification) Submitting this form Box Office Hours | od of Delivery tickets to the mailing address provided ffice pick-up (with valid photo identification) itting this form Box Office Hours r Box Office drop-off /eston Family Box Office (RCM), Saturday Joan-6pm Saturday Japn-6pm | | | | | | | |
| Send tickets to the mailing address provided Box office pick-up (with valid photo identification) Submitting this form Box Office Hours | tickets to the mailing address provided ffice pick-up (with valid photo identification) itting this form Box Office Hours r Box Office drop-off /eston Family Box Office (RCM), Saturday Jepm-6pm | Signature | | | | | | |
| Send tickets to the mailing address provided Box office pick-up (with valid photo identification) Submitting this form Box Office Hours | tickets to the mailing address provided ffice pick-up (with valid photo identification) itting this form Box Office Hours r Box Office drop-off /eston Family Box Office (RCM), Saturday Jepm-6pm | | | | | | | |
| Box office pick-up (with valid photo identification) Submitting this form Box Office Hours | ffice pick-up (with valid photo identification) itting this form Box Office Hours r Box Office drop-off /eston Family Box Office (RCM), Saturday 12pm-6pm Sunday(Melidaes 2 Hours price) | Method of Delive | ry | | | | | |
| Submitting this form Box Office Hours | itting this form Box Office Hours r Box Office drop-off Monday-Friday 10am-6pm Saturday 12pm-6pm Saturday 12pm-6pm Saturday 12pm-6pm | Send tickets to the | e mailing address pro | vided | t | | | |
| | r Box Office drop-off Monday-Friday 10am-6pm /eston Family Box Office (RCM), Saturday 12pm-6pm Sunday/Melidays 2 Hours prior | Box office pick-up | (with valid photo ide | entific | ation) | | | |
| | r Box Office drop-off Monday-Friday 10am-6pm /eston Family Box Office (RCM), Saturday 12pm-6pm Sunday/Melidays 2 Hours prior | - | | | | | | |
| Mail or Box Office drop-off Monday-Friday 10am-6pm | /eston Family Box Office (RCM), Saturday 12pm-6pm | Submitting this f | orm | | | Box Office | Hours | |
| , | Sunday/Holidaye 2 House prior | Mail or Box Office | drop-off | | | | | |
| The Weston Family Box Office (NCM), | Centre for Performance and Learning Sunday/Holidays 3 Hours prior | The Wester Femily | Box Office (RCM), | | | | | |